

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective January 1, 2003

Application or Docket Number

23,368-153  
10619888**CLAIMS AS FILED - PART I**

| (Column 1)                       | (Column 2)               |              |
|----------------------------------|--------------------------|--------------|
| TOTAL CLAIMS                     | 41                       |              |
| FOR                              | NUMBER FILED             | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS          | 41 minus 20 =            | * 21         |
| INDEPENDENT CLAIMS               | 2 minus 3 =              | * 0          |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

| AMENDMENT A                                    | (Column 1)                       |       | (Column 2)                         |               | (Column 3) |
|--|----------------------------------|-------|------------------------------------|---------------|------------|
|  | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |            |
| Total  | * 52                             | Minus | ** 41                              | = 11          |            |
| Independent                                    | * 3                              | Minus | *** 3                              | =             |            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>         |       |                                    |               |            |

| SMALL ENTITY TYPE | OTHER THAN SMALL ENTITY |
|-------------------|-------------------------|
| RATE              | FEES                    |
| BASIC FEE         | 376.00                  |
| OR X\$ 9=         | OR BASIC FEE 760.00     |
| X\$ 18=           | 578                     |
| X42=              | OR X84=                 |
| +140=             | OR +280=                |
| TOTAL             | OR TOTAL 1428           |

| SMALL ENTITY     | OTHER THAN SMALL ENTITY  |
|------------------|--------------------------|
| RATE             | ADDITIONAL FEE           |
| X\$ 9=           | OR X\$ 18= 550.          |
| X42=             | OR X84=                  |
| +140=            | OR +280=                 |
| TOTAL ADDIT. FEE | OR TOTAL ADDIT. FEE 550. |

| AMENDMENT B                                    | (Column 1)                       |     | (Column 2)                         |               | (Column 3) |
|--|----------------------------------|-----|------------------------------------|---------------|------------|
|  | CLAIMS REMAINING AFTER AMENDMENT |     | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |            |
| Total  | * Minus                          | **  | =                                  |               |            |
| Independent                                    | * Minus                          | *** | =                                  |               |            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>         |     |                                    |               |            |

| ADDITIONAL FEE   | RATE                | ADDITIONAL FEE |
|------------------|---------------------|----------------|
| X\$ 9=           | OR X\$ 18=          |                |
| X42=             | OR X84=             |                |
| +140=            | OR +280=            |                |
| TOTAL ADDIT. FEE | OR TOTAL ADDIT. FEE |                |

| AMENDMENT C                                    | (Column 1)                       |     | (Column 2)                         |               | (Column 3) |
|--|----------------------------------|-----|------------------------------------|---------------|------------|
|  | CLAIMS REMAINING AFTER AMENDMENT |     | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |            |
| Total  | * Minus                          | **  | =                                  |               |            |
| Independent                                    | * Minus                          | *** | =                                  |               |            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>         |     |                                    |               |            |

| ADDITIONAL FEE   | RATE                | ADDITIONAL FEE |
|------------------|---------------------|----------------|
| X\$ 9=           | OR X\$ 18=          |                |
| X42=             | OR X84=             |                |
| +140=            | OR +280=            |                |
| TOTAL ADDIT. FEE | OR TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.